

READY READER

Kansas CMS Emergency Preparedness CoP Newsletter

Issue 6 March 2017

Community Mental Health Center: Emergency Plan

The Community Mental Health Center (CMHC) must develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually. The plan must do all of the following:

1. Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.
2. Include strategies for addressing emergency events identified by the risk assessment.
3. Address client population, including, but not limited to, the type of services the CMHC has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.
4. Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the CMHC's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.

"This final rule issues emergency preparedness requirements that establish a comprehensive, consistent, flexible, and dynamic regulatory approach to emergency preparedness and response that incorporates lessons learned..."

- Federal Register, 9/16/2016

CMHC: Policies and Procedures

The CMHC must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth above, risk assessment, and the communication plan. The policies and procedures must be reviewed and updated at least annually. At a minimum, the policies and procedures must address the following:

1. A system to track the location of on-duty staff and sheltered clients in the CMHC's care during and after an emergency. If on-duty staff and sheltered clients are relocated during the emergency, the CMHC must document the specific name and location of the receiving facility or other location.
2. Safe evacuation from the CMHC, which includes consideration of care and treatment needs of evacuees; staff responsibilities; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance.
3. A means to shelter in place for clients, staff, and volunteers who remain at the facility.

(Continued on page 2)

In This Issue

- Community Mental Health Center Special Edition

Previous issues of the Ready Reader available at <http://www.kdheks.gov/cphp/providers.htm>

CMHC: Policies and Procedures cont.

4. A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records.
5. The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State or Federally designated health care professionals to address surge needs during and emergency.
6. The development of arrangements with other CMHCs or other providers to receive clients in the event of limitations or cessation of operations to maintain the continuity of services to CMHC clients.
7. The role of the CMHC under a waiver declared by the US Secretary of Health and Human Services, in accordance with section 1135 of the Social Security Act, in the provision of care and treatment at an alternate care site identified by emergency management officials

CMHC: Communication Plan

The CMHC must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least annually. The communication plan must include all of the following:

1. Names and contact information for the following:
 - Staff
 - Entities providing services under arrangement
 - clients' physicians
 - Other CMHCs
 - Volunteers
2. Contact information for the following:
 - Federal, State, tribal, regional or local emergency preparedness staff
 - Other sources of assistance
3. Primary and alternate means for communicating with the following:
 - CMHC's staff
 - Federal, State, tribal, regional, or local emergency management agencies
4. A method for sharing information and medical documentation for clients under the CMHC's care, as necessary, with other health care providers to maintain the continuity of care.
5. A means, in the event of an evacuation, to release client information as permitted under 45 CFR 164.510(b)(4).
6. A means of providing information about the general condition and location of clients under the facility's care as permitted under 45 CFR 164.510(b)(4).
7. A means of providing information about the CMHC's needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.

CMHC: Training and Testing

The CMHC must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth earlier, risk assessment, policies and procedures, and the communication plan. The training and testing program must be evaluated and updated at least annually.

1. Training program—The CMHC must provide initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles, and maintain documentation of the training. The CMHC must demonstrate staff knowledge of emergency procedures.. Thereafter, the CMHC must provide emergency preparedness training at least annually.
2. Testing. The CMHC must conduct exercises to test the emergency plan at least annually. The CMHC must:
 - A. Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If the CMHC experiences an actual natural or manmade emergency that required activation of the emergency plan, the CMHC is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event
 - B. Conduct an additional exercise that may include, but is not limited to the following:
 - i. A second full-scale exercise that is community-based or individual, facility-based
 - ii. A tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, direct messages, or prepared questions

CMHC: Training and Testing cont.

Designed to challenge an emergency plan.

- iii. Analyze the CMHC's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the CMHC's emergency plan, as needed.

Integrated healthcare systems

If a CMHC is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the CMHC may choose to participate in the healthcare system's coordinated emergency preparedness program. If elected, the unified and integrated emergency preparedness program must do all of the following:

- A. Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.
- B. Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.
- C. Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance with the program.
- D. Include a unified and integrated emergency plan that meets the requirements above. The unified and integrated emergency plan must also be based on and include all of the following:
 - i. A documented community-based risk assessment, utilizing an all-hazards approach.
 - ii. A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.
- E. Include integrated policies and procedures that meet the requirements set forth above, a coordinated communication plan and training and testing programs that meet the requirements above.

CMHC Highlights

Emergency Plan

The CMHC must develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually. The plan must do all of the following:

1. Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.
2. Include strategies for addressing emergency events identified by the risk assessment.
3. Address client population, including, but not limited to, the type of services the CMHC has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.
4. Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the CMHC's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.

Policies and Procedures

The CMHC must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth above, risk assessment, and the communication plan. The policies and procedures must be reviewed and updated at least annually.

Communication Plan

The CMHC must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least annually.

Training and Testing

The CMHC must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth earlier, risk assessment, policies and procedures, and the communication plan. The training and testing program must be evaluated and updated at least annually. The CMHC must participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based.

FQHCs: National Council for Behavioral Health Article

By: Rebecca Farley
Director, Policy & Advocacy, National Council for Behavioral Health

A recently published federal rule from the Centers for Medicare and Medicaid Services established, for the first time, conditions of participation (CoP) for community mental health centers in Medicare. In the weeks since the CoPs were issued, the National Council has received many questions from our members asking whether and to what extent these guidelines apply to them. Keep reading for answers.

What organizations count as CMHCs for the purpose of the new guidelines?

“Community mental health center” is a widely-used term with no standard definition in federal law. Medicare defines CMHCs as outpatient organizations that provide partial hospitalization services to Medicare beneficiaries. The Centers for Medicare and Medicaid Services (CMS) estimates there are about 100 CMHCs that provide partial hospitalization services through Medicare and that will be affected by this rule.

It is important to note that states may use differing definitions of “CMHC.”

The term is also used colloquially as shorthand for community-based providers of outpatient mental health services. Remember that the CoPs apply only to those organizations that meet the official Medicare definition of CMHC and that are Medicare-certified as a CMHC.

How do I know if my organization is considered a CMHC by Medicare?

Your organization is considered a CMHC if you are Medicare-certified and bill Medicare using the place of service code 53. Place of service codes are two-digit codes used to indicate the setting in which a service was provided. There are a number of other codes that may be used by mental health organizations participating in Medicare – most commonly, code 11. Check with your billing office to find out the place of service code under which you are registered with Medicare.

My organization is registered with Medicare as a CMHC (using the place of service code 53), but we no longer provide partial hospitalization services. Do the CoPs apply?

Yes. The CoPs apply to any organization registered under the code 53, even if they are not actively providing partial hospitalization services. CMS considers any organization that is registered under 53 to be capable of providing partial hospitalization services and therefore subject to the CoPs.

My organization is designated as a CMHC under Medicaid in our state. Do the CoPs apply?

Some states define, regulate and license community mental health centers. These practices vary by state. States are not compelled to abide by the Medicare CoPs in setting policies for provider participation in Medicaid. However, they are free to do so if they choose – and some states will choose to adopt these guidelines. Check with your state Medicaid office if you have questions about whether the guidelines will be applied in your state.

If the CoPs apply to my organization, do we have to comply with them for all patients, or only Medicare beneficiaries?

The CoPs apply to the care provided to all patients by your organization.

<https://www.thenationalcouncil.org/capitol-connector/2013/12/clarifying-medicare-conditions-participation-cmhcs/>

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